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	TIPLE	DEPENI	DENT C	LAIM	Application Number 10/541,598			Filing Date 03 July, 2006			To be Mailed		
FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Applicant(s) MOSES	ET AL.				Page 1 of 1		
							* May be	used for addi	tional claims	or amendme	ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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21	-			1			72	-	-		_		-
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Claims	4			crn i ic r			Claims		Cel dl		4-61-6-11-		

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